

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41935

State File No.

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 5420 Registrar's No. 17

0350

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>DUNKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holcomb</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holcomb 0350</u>	
		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) <u>Herbert Fleetwood DeBaney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-29-1952</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>0</u> <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>4-28-1910</u>	9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>1</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
-----------------------------	-------------------------------	---	-----------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALES MANAGER Merchandise</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Merchandise</u>	11. BIRTHPLACE (State or foreign country) <u>Holcomb. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	---	--

13a. FATHER'S NAME <u>E.F. DeBaney</u>	13b. MOTHER'S MAIDEN NAME <u>Gertrude Douglas EULIANA DeBaney</u>	14. NAME OF HUSBAND OR WIFE <u>Euliana DeBaney Holcomb</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Euliana DeBaney Holcomb</u>	ADDRESS <u>Holcomb</u>
---	---------------------------------	--	------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE CORONARY OCCLUSION</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary Sclerosis</u> DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from 10/1/52 to 10/29, 1952, that I last saw the deceased alive on 10/20, 1952, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. B. Hopkins, M.D.</u> (Degree or title)	23b. ADDRESS <u>Midway, Mo.</u>	23c. DATE SIGNED <u>11/22/52</u>
---	---------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-1-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo.</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>11-13-52</u>	REGISTRAR'S SIGNATURE <u>J. Anderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd Russell Viggott</u>	ADDRESS <u>Ark.</u>
--	--	---	---------------------

1-7-53

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 1-7-53
COUNTY FILE NUMBER 103-361

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~me~~ by me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Lloyd M. Russell

Licensed Embalmer No. 509 - Ark.

P. O. Address Piggott, Ark.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.